



Lincoln Police Department  
Thomas K. Casady, Chief of Police  
575 South 10th Street  
Lincoln, Nebraska 68508

402-441-7204  
fax: 402-441-8492

MAYOR COLEEN J. SENG

lincoln.ne.gov



January 20, 2006

Mayor Seng and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of The Isles Reception Hall, 6224 Havlock Avenue requesting a class I liquor license.

Joy Buettgenbach has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Joy Buettgenbach was born in Omaha, Nebraska. She attended Saint Joseph's High School, Omaha, Nebraska graduating in 1968.

Mrs. Buettgenbach has been employed at The Isles Reception Hall since 1987.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) The Isle Reception Hall

☒ Manager

Owner

Other

Name: Jap Buettoenbach

US Citizen ?

☒ Yes

No

Has applicant ever been cited for liquor law violations ? ☒ No Yes  
Explain

Does applicant have an interest in another liquor license ? ☒ No Yes  
Explain

Is spouse qualified to hold a license ? Yes No

☒ N/A

How is applicant if not an owner to be paid ? Salary

☒ Hourly

How many hours will applicant be at the establishment ? 40 +

Any other employment ? ☒ No Yes, explain

Any previous experience with a liquor license ? ☒ Yes No

Any criminal convictions ? ☒ No Yes

Comments

Is applicant a property owner in Lincoln ? ☒ Yes No

Is applicant involved in any civil litigation ? ☒ No Yes

Comments

☒ Photo

☒ Records Check

☒ References

Comments

Interview Date 1/20/06



FILED

2-13-06  
@130

STATE OF NEBRASKA

Dave Heineman  
Governor

JAN 18 2006

CITY CLERK'S OFFICE  
LINCOLN, NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

Lincoln City Clerk  
555 So 10th St  
Suite 103  
Lincoln NE 68508

January 17, 2006

RE: The Isles Reception Hall

Dear Local Governing Body:

*The Isles Reception Hall  
6224 Havelock  
Class I*

*AB-006144  
5*

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) Publicize one time not less than 7 days, not more than 14 days prior to date of hearing.
- 2) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE PROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Randy Seybert  
Licensing Division

Enclosures

Rhonda R. Flower  
Commissioner

Bob Logsdon  
Chairman

R.L. (Dick) Coyne  
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001  
REV. 12/99

71235

City

## LICENSE APPLICATION CHECKLIST

Applicant Name D.L. Cole, Inc. Telephone # 402-464-1858  
 Trade Name The Isles Reception Hall Previous Trade Name SAME

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. Your operation depends on receiving a liquor license the Nebraska Liquor Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate. You may want to check with your city, village or county clerk, where you are making application, to see if any additional local requirements must be met before submitting application to the state.

RECEIVED

JAN 18 2003

## REQUIRED ATTACHMENTS

EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR MARKED N/A FOR NEBRASKA LIQUOR CONTROL COMMISSION

☒ 1. Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 for each person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to a Nebraska State Patrol Agency or law enforcement agency listed in the fingerprint brochure.

☒ 2. Enclose registration and license fees for the appropriate class of license, made out to the Nebraska Liquor Control Commission.

☒ 3. Enclose the appropriate additional application forms; Individual License - Form 1; Partnership License - Form 2; Corporate LLC License - Form 3 and Manager application (with corporate application only). LLC application must include all members.

☒ 4. If building is being leased send a copy of the lease. Be sure it is in the individual(s) or corporate name being applied for. Also, the lease must extend through the license year being applied for. If building is owned, send a copy of the deed or purchase agreement in the appropriate name.

N/A ☐ 5. If you are buying the business of a current licensee, provide a copy of the purchase agreement from licensee. This also needs to be in applicant's name.

N/A ☐ 6. Enclose a copy of the temporary agency agreement, if applicable. Must be on Commission form only. Include a copy of the signature card from the bank showing both the sellers and buyers name(s) on account.

N/A ☐ 7. Copy of alcohol inventory being purchased. Inventory shall include brand names and container sizes. Inventory may be taken at the time application is being submitted.

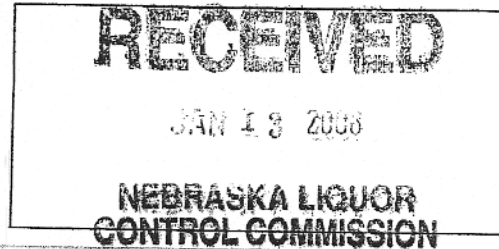
N/A ☐ 8. Enclose a list of any inventory or property owned by other parties that are on the premise.

N/A ☐ 9. For individual and partnership applications enclose proof of citizenship birth certificates, or naturalization documents for all persons listed on application. Documents must be a certificate from the State, where born, not hospital certificate.

Bus Lic 27319 45-mm  
 Ret. 280178

# APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov



OFFICE USE ONLY

## CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

### RETAIL LICENSE(S)

- |                                     |   |   |         |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/>            | A | Beer, On Sale Only                            | \$45.00 |
| <input type="checkbox"/>            | B | Beer, Off Sale Only                           | \$45.00 |
| <input type="checkbox"/>            | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/>            | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only  | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

### MISCELLANEOUS

- |                          |   |  | Bond                 |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub)   | \$295.00 1,000 min.  |
| <input type="checkbox"/> | O | Boat   | \$ 95.00 N/A         |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits<br>(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer   | \$295.00 5,000 min.  |
| <input type="checkbox"/> | X | Wholesale Liquor   | \$545.00 5,000 min.  |
| <input type="checkbox"/> | Y | Farm Winery  | \$295.00 1,000 min.  |

All Class C licenses expire October 31st

All other licenses expire April 30<sup>th</sup>

Catering expire same as underlying retail license

### TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- ☐ Individual License, requires insert form 1  
☐ Partnership License, requires insert form 2  
☒ Corporate License, requires insert form 3a and manager application 3b

### NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: DAVID L. COLE Phone: 402-464-1858

Firm Name: D. L. Cole, Inc., dba The Isles Pub & Pizzeria/Reception Hall

Firm address: 6232 HAVELOCK Avenue  
Lincoln, Nebe. 68507

**PREMISE INFORMATION**

Trade Name (doing business as) The Isles Reception Hall

Street Address #1 6224 HAVLOCK AVENUE

Street Address #2 \_\_\_\_\_

City Lincoln County LANCASTER

Zip Code 68507

Telephone number at premise to be licensed 402-464-1858

Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: D. L. Cole, Inc.

Street Address #1 6232 HAVLOCK AVENUE

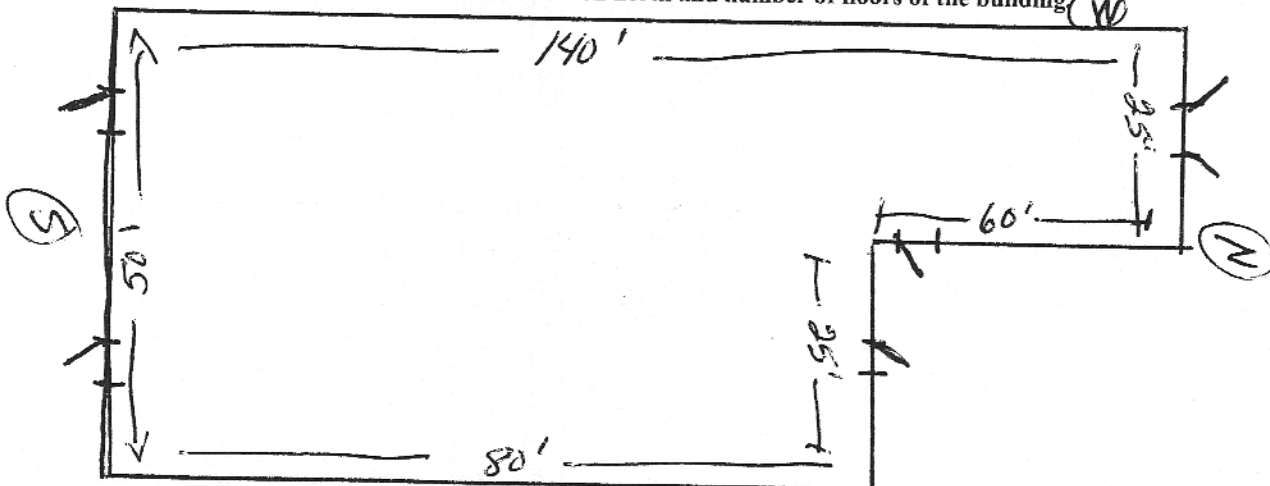
Street Address #2 \_\_\_\_\_

City Lincoln County LANCASTER

Zip Code 68507

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building



6224 HAVLOCK AVE. (7)

LOTS 19,20 BLOCK 16 HAVLOCK, LINCOLN, LANCASTER CITY  
1 (ONE) LEVEL (NO BASEMENT)

## APPLICANT INFORMATION

### 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes    If yes, please explain below or attach a separate page.  
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes  
☒ No  
Current business name and license number \_\_\_\_\_

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note: This agreement is not effective until Commissions assigns you a 3-digit ID number.**

- ☐ Yes  
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☐ Yes  
☒ No



5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐ Yes  
☒ No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐ Yes

☒ No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐ Yes

☒ No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐ Yes

☒ No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐ Yes

☒ No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

*Pinnacle BANK - HAVERLOCK BRANCH - Denise Otto, Pres  
David L. Cole / owner  
Joy Buettgenbach / mgr*

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

*CLASS CK-11551  
D.L. Cole, Inc  
6232 HAVERLOCK AVE. License is current and in good standing.  
Lincoln, NEBR. 68507*



12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

DAVID L. COLE owner/operator - full time employment  
Joy Buettgenbach manager - full time employment

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Joy Buettgenbach 18 yrs Isles Pub manager  
Current manager and classes Lancaster Health Dept.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.



15. When do you intend to open for business? Open Now / Using Spec. Designated permits

16. What will be the main nature of business? What are the anticipated hours of operation?

Banquet / Reception Hall Private Parties open 7 days

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

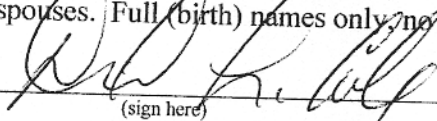
Applicant Name	From: Year	To: Year	City/State
DAVID Leroy Cole			
1401 Waverly Road	1995	1999	Raymond, Ne.
4200 N 112 <sup>th</sup> Street	1999	Present	Lincoln, Nebr.

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

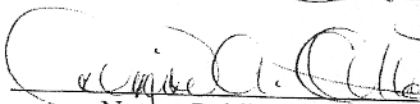
Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

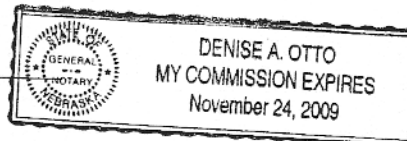
Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

 (sign here)	_____	(sign here)
_____	(sign here)	_____
_____	(sign here)	_____
_____	(sign here)	_____
_____	(sign here)	_____

Subscribed in my presence and sworn to before me this

12th day of January, 2006

  
Notary Public Signature & Seal

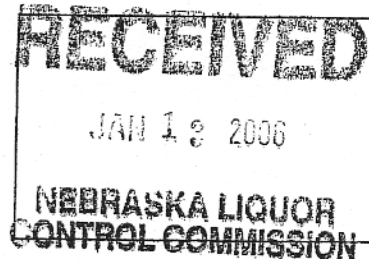


In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010  
REV. 4/05

APPLICATION FOR LIQUOR LICENSE  
CORPORATION/LLC INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

D. L. Cole, Inc.

Corporate Street Address: 6232 HAVELock Ave.

City: Lincoln State: Nebr. Zip Code: 68507

Corporate Telephone Number 402-464-1858

Total number of shares issued (if corporation) \_\_\_\_\_

Is this a Non Profit Corporation? ☐ YES ☒ NO  
If yes, what is your Federal ID #? \_\_\_\_\_

Name of Registered Agent DAVID L. COLE

Name of Proposed Manager Joy Buehgenbach  
This person must complete form 35-4013 (Attached)

List name of Chief Executive Officer

Last Name: Cole First Name: David MI LI

Address Street 4200 N 112th St. City Lincoln

State Nebr. Zip Code 68527 Home Phone number 402-325-0242

Social Security Number \_\_\_\_\_ Date of Birth 1/1

Single

---

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name SAME First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

---

Last Name SAME First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

---

Last Name SAME First Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

Spouse Name (indicate N/A if single) \_\_\_\_\_

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title \_\_\_\_\_ Number of Shares \_\_\_\_\_

---

Is this Corporation or Limited Liability Company controlled by another Corporation?

☐ Yes ☒ No

If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date 1984 Ending Date CURRENT / Present

[Signature]

Signature of President/Managing Member

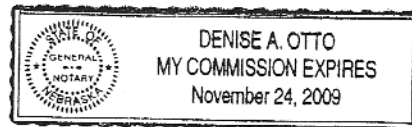
\_\_\_\_\_  
Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

6th day of January, 2006

[Signature]

Notary Public Signature & Seal



In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

**APPLICATION FOR LIQUOR LICENSE  
CORPORATION MANAGER - FORM 3b  
\*MUST BE A NEBRASKA RESIDENT\***

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: <http://www.lcc.ne.gov/>

**RECEIVED**

JAN 18 2006

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**LIQUOR LICENSE INFORMATION**

NAME OF LICENSED CORPORATION A.L. Cole, Inc.  
CLASS & LICENSE NUMBER CK-11551  
TRADE NAME The Isles Pub & Pizzeria / Reception Hall  
STREET ADDRESS 6232 Havelock Ave. CITY Lincoln, Nebr. 68507

*[Handwritten Signature]*

**SIGNATURE OF CORPORATION PRESIDENT/CEO**

**APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)**

NAME Joy Janice Buettgenbach  
ADDRESS 1530 Manatt Street  
CITY Lincoln STATE NE ZIP CODE 68521  
HOME PHONE NUMBER 402-476-0409 BUSINESS PHONE NUMBER 402-464-1858

SEX ☐ MALE ☒ FEMALE

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH 1/1 PLACE OF BIRTH Omaha, NE

DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_ NE

**SPOUSES INFORMATION (IF NOT MARRIED INDICATE)**

SPOUSE NAME Jesse Junior Buettgenbach II  
SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH 1/1  
DRIVERS LICENSE NUMBER & STATE \_\_\_\_\_ NE

*filed off*

**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

1988 - Jesse D.W.I. - Douglas Co. Omaha, NE

**2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.**

☐ YES ☒ NO

**3. Have you or your spouse ever made a compromise settlement for violation of such laws?**

☐ YES ☒ NO

**4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)**

☒ YES ☐ NO

**5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?**

☒ YES ☐ NO

**RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE**

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
Lincoln, NE	1975 Present	Lincoln, NE	1957 Present

**EMPLOYERS - LIST LAST TWO EMPLOYERS**

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1987 Present	Dave Cole		402-464-1858
1985 1987	G.T.E Directories		



**PERSONAL OATH AND CONSENT OF INVESTIGATION  
MUST BE SIGNED BY APPLICANT & SPOUSE**

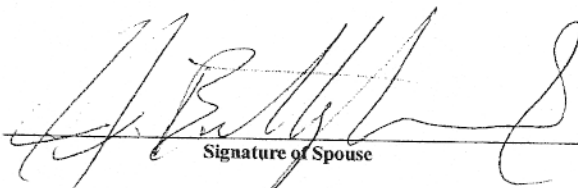
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

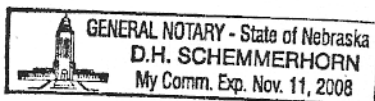
  
Signature of Applicant


Subscribed in my presence and sworn to before me this 7<sup>th</sup>  
day of January 2006

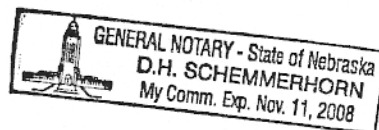
  
Signature of Spouse

Subscribed in my presence and sworn to before me this 7<sup>th</sup>  
day of January 2006

  
Notary Signature & Seal



  
Notary Signature & Seal



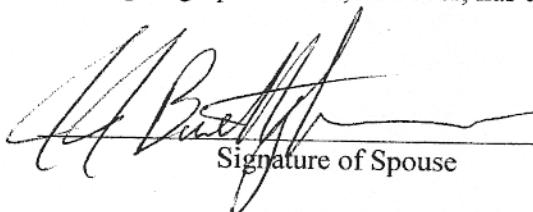
NEBRASKA LIQUOR CONTROL COMMISSION  
AFFIDAVIT OF NON PARTICIPATION

RECEIVED

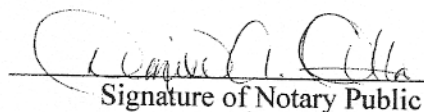
JAN 12 2006

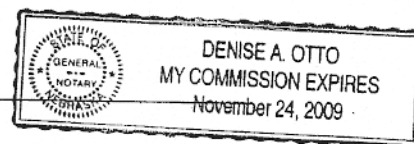
NEBRASKA LIQUOR  
CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on application.

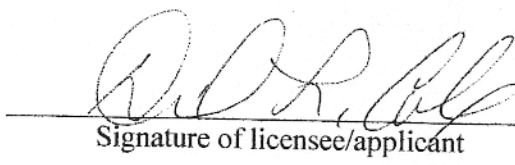
  
\_\_\_\_\_  
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 13<sup>th</sup> day  
of January, 2006.

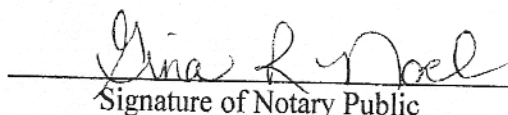
  
\_\_\_\_\_  
Signature of Notary Public

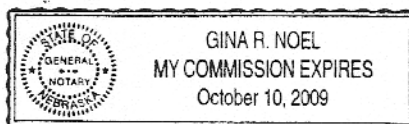


The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

  
\_\_\_\_\_  
Signature of licensee/applicant      DAVID L. Cole  
\_\_\_\_\_  
Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 13<sup>th</sup> day  
of January, 2006.

  
\_\_\_\_\_  
Signature of Notary Public



FORM 35-4178  
REV 2/01